

der the Paperwork Reduction Act of 1995, an presons are requ **REVOCATION OF POWER OF** Filing Date ATTORNEY WITH First Named Inventor **NEW POWER OF ATTORNEY** Art Unit AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 678-1234

·						
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR  I hereby appoint the practitioners associated with the Customer Number				654	7	
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  66547						
OR CUSTOMINE TO A CONTROL OF THE CON						
Firm or Individual Name						
Address						
City	State				Zip	
Country						
Telephone	Email					
Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature Q. J.						
Name Jong Yong You President of Samsong Electronics Co., Ltd.						
Date /	10. NW. 200					
NOTE. Signatures of all the inventory or basignees of record of the entire interest professorative(s) are required. Submit multiple forms if more than one algulature is required, see below.						
'Total offorms are submitted						

The coloration of information is required by 27 CPR 1.36. The information is required to obtain or retain a bonds by the public which is to tie (and by the USPTO to process) an apparation. Condendality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This coloration is estimated to late 3 minutes to complete, including gathering, preparing, and summaring the complete application form to the USPTO. This will vary deponding upon the individual case. Any comments on the accordance to time you require to complete missionmental entropy and the burden, should be some to the Chief Information Omice, U.S. Petent and Trudemark Office, U.S. Coordinated of Commerce, I.O. Box 1450, Alexandria, VA 22313-1450.

Address. SEND TO: Commissioner for Potents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need easistance to completing the form, colf 1-909-PTC-9199 and select option 2